

**Washington Autism Advisory Council
Membership Meeting
November 2, 2012
Meeting Notes by Amy Carlsen**

Meeting Goals:

1. Understand the implications of healthcare reform and essential benefits on people with Autism and their families;
2. Inform the members about the role of the WAAC Steering Committee;
3. Members will share information about their activities and organizations; and
4. Consider next steps.

Present:

Agenda Topic: Welcome and Introductions:

Program: Implications of Healthcare Reform and Essential Benefits for people with Autism and their families.

- ***Health Benefits Exchange –Michael Marchand, Director of Communications for Health Information Exchange***

See attachment: Washington Health Benefit Exchange FACT SHEET

The Health Information Exchange (HIE) sustainability report is due on January 1, 2015.

To be sustainable, HIE needs to have 130, 000 people signed on for coverage in 2014.

In 2015, coverage needs to be 280,000 people to continue sustainability.

Plans are going to be *tiered*: bronze 60%, silver 70%, gold 80%, platinum 90% and will be based on “actuarial value” or the out of pocket costs to the individual. Most plans today are at 50% actuarial value. This is important because 52% of bankruptcies are due to medical bills and, of them, 50% had insurance. An advanced tax credit will be offered, which is money you can use to offset cost of premiums either monthly or annual-end-of-year.

*Health insurance is mandated. The ‘stick’ is that there will be penalties issued by the IRS for those who don’t get insurance.

- ***Health Care Authority, Medicaid and PEBB-Gail Kreiger, RN, Manager, Healthcare Services and Utilization Management***

See attachment: ABA Services, Pathway to Care and Facts about Healthy Options

Medicaid is no longer part of DSHS. It is now under the HCA (Health Care Authority).

This means that the HCA and Medicaid health plan are together in one body.

Medicaid has expanded to include contracted managed care plans.

- 1) Contracted managed care plans

- a. Community Health plan of WA
- b. Coordinated Care Plan Corporation
- c. Molina Healthcare of WA
- d. United Healthcare Community Plan

In the 2014 Medicaid expansion more people will be eligible for Medicaid service. The eligibility is changing from 138% to 300% poverty level. The age criterion has changed to add adults age 19-65. Benefits for children will not change. Eligibility will be all based on income level now.

Starting January 2013 Medicaid will be offering coverage for ABA

- Program available for children 20 and under who are under the program Apple Health for Kids. Basically this is all children. ***excludes: Involuntary treatment act kids, girls under TAKE charge plan, undocumented children
- Marlene Black, RN will be helping with case management to assist parents get through the process.
- The plan will offer a 90 day “booster” program for children age 2-5. Felice Orlich from Seattle Children’s and Mindy (?) are working with Gail to implement this program based a model from USC.

Please connect with Gail Kreiger at ABA@hca.wa.gov for email correspondence if you are a clinical worker (ABA service provider, those who refer services).

Webinar Nov 30, 2012 for more information for service providers-details to follow.

- ***Office of the Insurance Commissioner (OIC)-Meg Jones***

This is the core of implementing health care reform. We have been working on it since 2010 when the affordable care act was passed. Our role in health care reform is to **regulate** insurance companies, make sure insurance companies can make payments. Currently people can receive health insurance through the government market (Medicaid), public state employee programs (PEBB), individual marketplace (buys health plan on self), small group market (1-50 employees), and large group market (federal level, department of labor plans). Within each state the OIC primarily regulates individual and small group markets. Within the individual and small group markets the insurance provider will need to cover 10 essential health benefits. We must identify what services need to be included in each category → see *Washington Essential Health Benefits Package Overview*.

ABA would be considered under the mental health benefit. This means it would have to be on parity with mental health. There should be no limits; must meet medical necessity guidelines for service to be medically necessary.

Mental Health parity act applies not just to mental health but autism. Mental health parity is legislation signed into United States law on September 26, 1996 that requires that annual or lifetime dollar limits on mental health benefits be no lower than any such dollar limits for medical and

surgical benefits offered by a group health plan or health insurance issuer offering coverage in connection with a group health plan
Compliance for ABA coverage begins Jan 4, 2013.

- ***Current Legal Cases Around the Country, Ellie Hamburger***

Our state parity act is “very strong”...better than “that of federal level”. It applies not just to mental health. In our state it doesn’t matter if ASD gets redefined by the DSM-V. ABA will still be covered by the WA state parity law. “Parity means parity coverage.” It is a civil rights issue. One thing we can do as a state is to work on moving legislation for class certification of BCBA providers.

We are now in the land of medical necessity-families and providers have to appeal any appeals/denials.

The Role of the Steering Committee and Update on Activities:

The Developmental Disability Council (DDC) has taken the administrative role for the WAAC through June 2013. Today’s meeting is one of 3 meetings that will happen this academic year. The Steering Committee is a group of self identified members who plan, facilitate, and evaluate WAAC meetings with input from WAAC members. The Steering Committee will identify key issues, presenters, meeting formats, and select the person responsible for conducting each of the WAAC meetings.

Member’s Opportunity to Share Activities and Program Updates:

A discussion about Applied Behavioral Analysis (ABA) occurred. ABA is the science of human behavior and applies to all walks of life. Is the term ‘ABA’ going to only focus on applied behavior analysis? It is a science with a lot of room to provide services.

Floortime and DIR are therapies that bring in other ideas. Applied behavior is ‘incidental teaching’. There are a lot of other commercial type models with no quality control. We aren’t sure how they are being applied. We need to be careful that we clarify the definition of ABA. Certified applied behavior analysis chooses between tools that they have and uses the principles of behavior to guide them.

UW LEND, Dr Ellen Davis-LEND is funded by a training grant through Maternal Child Health Bureau. Currently LEND is excited to be reenergizing our efforts around health care transition. We have a new elective for residents to engage in to learn about issues related to health care transition. We have a Family Medicine senior resident that is going through this program now. Research shows that if an adult provider has exposure to individuals with disabilities, they have a greater chance to follow patients with a disability.

UW Autism Center, Dr Wendy Stone- The UW Autism Center provides clinical services, training and outreach, and research. In clinical services we now have: expanded speech services, parent counseling, a new program for kids called “Chill Skills”, joint evaluations between psychology and neurology, a sleep clinic that offers practical suggestions on what parents can do. In training and outreach we now have: ABA Boot Camp (18 hour

program-ABA training as well as how to work with families), expanded school consultation and training services, collaboration with FEAT doing a parent education series, and adult training for the chill skills. In research we have: ACE network grants and new findings about the Early Start Denver models. UW Autism Center applied for 2 separate grants recently. One grant looks at bullying and the other grant is for early identification of children with autism.

Early Intervention, Maryann Barnes-The Infant and Early Childhood Conference (IECC) is scheduled for May 1-3, 2013 in Tacoma. The IECC call for presenters is occurring right now. This conference is a primary training vehicle for providers and parents of children with special needs.

Seattle Children's Autism Center, Felice Orlich- The Seattle Children's Autism Center is set to see 20,000 children next year. 60% of these children are covered under Medicaid. They have started providing services on Saturdays. They are involved in developing ABA coverage in our state. Through a grant, the center is working with older kids in elementary through high school to improve social engagements. They are expanding this group model into school districts. An adult Autism Clinic has opened through UW Medical Center.

Alison Apple-Dr. Apple provides services based on ABA and serves children and families on Medicaid. They serve a spectrum of kids with social emotional regulation and their families. They have recently added a psychology division that provides services for the families.

Children's Village, Dr Diane Leibe- Children's Village is restarting their developmental classroom. We do not have availability for, or access to, a BCBA right now. Over the past several years we have been paring down the diagnostic services because of the cost of a multidisciplinary team evaluation. We are struggling with the question of "How we can build infrastructure?"

Office of Education Ombudsmen (OEO), Stacy Gillette- OEO is a state wide agency. 60% of complaints are from families accessing education. The program consists of 5 part-time ombudsmen across the state that help families to understand their rights and navigate the system of resources. They create an annual report that guides legislature. Topics include state law around bullying. Information on this program can be found at <http://www.governor.wa.gov/oeo/>.

Developmental Disabilities Council (DDC), David Maltman- The DDC is working on collecting more information on medical debt. Families with children with NDDs have many financial constraints. 18,000 families have gone through DD process which is not easy. The early step is to become "eligible for services." Most families who are eligible for services do not currently receive any services. The DDC public policy agenda is now being developed.

Department of Health(DOH), Maria Nardella- The DOH has written a grant for family support for autism that would collaborate with Parent 2 Parent and Seattle Children's Hospital to provide training for families of children with autism.

Next Steps on the Recommendations of the Autism Task Force and CAAC:

Information on insurance coverage, health care reform, and Medicaid reform has made this morning meeting positive. As we consider the Autism Taskforce's 31 original recommendations, there are many recommendations that have been achieved.

We have begun the creation of regional autism "Centers of Excellence" and services may be available, but how do we support the infrastructure to provide these services (education, administration/organizing for e.g.)? The goal is to make them operational and self-sustaining. There are perpetual issues around creating a larger workforce to serve children with autism and their families. This included BCBA certification legislation. Can we bring lobbyists to the group that can move this issue forward? How do we keep the issue of family support at the table?

Next meeting February 8, 2013

The program is on Seclusion and Restraint

We are going to look at seclusion and restraint, including chemical restraint. We will hear about the statement of problem, school issues, legislation around this, and medical restraints. If you have any suggestions about speakers for this topic, please contact David Maltman.